

State of California  
WASTE TIRE HAULER/STORAGE COMPLAINT FORM  
CIWMB 683 (New 03/03)

Mail to:  
California Integrated Waste Management Board  
Waste Tire Enforcement Branch  
PO Box 4025, MS-22  
Sacramento Ca 95812-4025

For Official Use Only:

Name \_\_\_\_\_  
Tire Program ID \_\_\_\_\_  
County \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Date Referred: \_\_\_\_\_  
Referred To: \_\_\_\_\_  
Complaint Number: \_\_\_\_\_

**COMPLAINANT INFORMATION (Please type or print)**

Your Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Business Name: \_\_\_\_\_

\_\_\_\_\_ Business Address: \_\_\_\_\_

**HAULER/COMPLAINT INFORMATION (Please type or print)**

Name of Person the Complaint is Regarding: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Date/Time Violation: \_\_\_\_\_ / \_\_\_\_\_ AM PM

License Plate: \_\_\_\_\_ St: \_\_\_\_\_ Vehicle Description: \_\_\_\_\_

Location Violation Observed: \_\_\_\_\_ Quantity of Tires \_\_\_\_\_

**NATURE OF COMPLAINT (Please type, print or attach a typed/printed statement)**

(additional space on reverse)

**CERTIFICATION:**

I certify under **penalty of perjury**, under the laws of the State of California that the statements made in this complaint, including attachments thereto, if any, are true and complete.

Executed in the State of \_\_\_\_\_, County of \_\_\_\_\_, City of \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Anonymous complaints are accepted; however, this may affect the disposition of the case if the facts cannot be verified)*

Nature of Complaint (continued):